

Case Number:	CM14-0178285		
Date Assigned:	10/31/2014	Date of Injury:	11/01/2009
Decision Date:	12/12/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/27/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 53-year-old female who reported an injury on 11/01/2009. The mechanism of injury was not specified. Her diagnoses included status post left carpal tunnel release, left shoulder impingement, and a bilateral foraminal stenosis to the L3-4 and L4-5. Her past treatments included a TENS unit, medications, and surgery. Her diagnostic studies included an EMG/NCV performed on 07/14/2014, which revealed suggestive mild radiculopathy on the L4 nerve root. On 09/08/2014, the injured worker complained of low back pain rated 6/10 radiating into the right lower extremity. On physical examination, the injured worker was noted to have decreased sensation over the L4-5 dermatome areas and a positive straight leg raise bilaterally. The injured worker's medications included hydrocodone 10 mg twice a day. The treatment plan included continuing with physical therapy of the left shoulder, continued use of the TENS unit, and continued medications. A request was received for diagnostic epidural steroid injections to the left L3-4 and L4-5. A rationale was not provided. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Diagnostic epidural steroid injection to the left L3-4 & L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI) Page(s): 46.

Decision rationale: The request for diagnostic epidural steroid injection to the left L3-4 & L4-5 is not medically necessary. According to the California MTUS Guidelines, epidural steroid injections may be recommended as an option for treatment of radicular pain to reduce pain and inflammation, restore range of motion, facilitate progress in more active treatment programs, and to avoid surgery. However, it is indicated that this treatment alone offers no significant long term functional benefits and criteria must be met to indicate the use of epidural steroid injections. These criteria include; documented radiculopathy by physical exam and corroborated with diagnostic testing; an initial unresponsive to conservative treatments such as exercise, physical methods, NSAIDs, and muscle relaxants. The guidelines also indicate injections should be performed using fluoroscopy for guidance. Furthermore, the guidelines state that if used for diagnostic purposes a maximum of 2 injections should be performed. The injured worker is noted to have chronic low back pain with a decrease in range of motion and a decrease in sensation over the L4-5 dermatomal areas indicating radiculopathy, which is corroborated by an EMG/NCV study that revealed the injured worker, was suggestive of mild radiculopathy on the L4 nerve root. However, there was a lack of documentation indicating a failure of conservative treatment such as exercise, physical methods, NSAIDs, and muscle relaxants. The injured worker was noted to have radiculopathy on physical exam and was corroborated by diagnostic testing; however, there was a lack of documentation indicating a failed response to conservative treatments as recommended by the guidelines, the request is not supported. In addition, the request did not specify the use of fluoroscopy. As such, the request for diagnostic Epidural Steroid Injection to the left L3-4 & L4-5 is not medically necessary.